



Medication Parental Consent Form

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RE: Notification and Request for the Administration of Medication during School Hours

To be completed by Parents

I/We request the school to administer prescribed and/or non-prescribed medication at St Margaret Mary's during school hours, according to the following medication details.

Student's Name		
Today's Date		
Prescribing Doctor		
Medical Condition requiring medication		
Period of treatment (dates required)	From	To

Medication Name	Dosage	Time Administer to	Special Instructions	Self Administer
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Advice on participation in school activities if applicable (eg: sport, use of equipment)

I/We accept and agree to observe the conditions imposed by St Margaret Mary's Merrylands and understand and agree that it is my/our responsibility to inform the school of any changes involving the administration of the medicine.

Yours sincerely: \_\_\_\_\_  
Parent / Guardian Signature

The medication must be sent to school in the original packaging. Please place this in a resealable plastic bag with the child's name and class on the bag. If needed, please supply a spoon or measuring cup with the medication.

Office Use Only:  
 Date Received: \_\_\_\_\_ Name & Signature: \_\_\_\_\_  
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